

Substitute per letter dated 8/24/99 *

KANSAS MEDICAID STATE PLAN

Revision: HCFA-PM-87-4 (BERC) Supplement 1 to Attachment 3.1-A
March 1987 Page ~~20~~ 21
OMB: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kansas

- Completion of a standard practicum which includes "on-the-job" training of at least four assessments with monitoring provided by at least two different qualified Case Managers already trained and or more assessments completed solely by a trainee with supervision provided by a qualified Case Manager; and
- A total of 40 hours of training regarding head injury; and
- On an annual basis, demonstration of proficiency about the services, the policies, rules, and procedures of the HCBS/HI program to the administrators of the program.

Licensed professionals, such as nurses and social workers, are not prohibited from providing this service if the requirements noted above are met.

REIMBURSEMENT

One unit = 1 hour.
Maximum Allowable Units = 160 per calendar year.
Rate = \$30 per hour.

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Revision: HCFA-PM-87-4
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kansas

ENROLLMENT

- At least six month's personal experience with a disability or as recognized by the Rehabilitation Act of 1973; or
- At least one year professional experience providing direct services including case management (working directly with people with a variety of disabilities); and
- An understanding of Independent Living philosophy with at least twelve hours of standardized training in history and philosophy of Independent Living every year provided by an Independent Living Center of the State Independent Living Council of Kansas; and
- Completion of a standard practicum which includes "on-the-job" training of at least four assessments with monitoring provided by at least two different qualified Case Managers already trained and or more assessments completed solely by a trainee with supervision provided by a qualified Case Manager; and
- A total of 40 hours of training regarding head injury; and
- On an annual basis, demonstration of proficiency about the services, the policies, rules, and procedures of the HCBS/HI program to the administrators of the program.

Licensed professionals, such as nurses and social workers, are not prohibited from providing this service if the requirements noted above are met.

REIMBURSEMENT

One unit = 1 hour.
Rate = \$30 per hour.

SEP 17 1999

TN# 99-11 Approval Date _____ Effective Date JUL 01 1999

Supersedes TN # N/A

State: KANSAS

Citation: AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
1905(a)(26) CARE SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
and 1934

PACE SERVICES

XXX The state of Kansas has not entered into any valid program agreements with a PACE provider and the Secretary of the Department of Health and Human Services.

 The state of Kansas has entered into a valid program(s) agreements with a PACE provider and the Secretary of the Department of Health and Human Services.

Name of PACE Provider: _____

Service Area: _____

Maximum number of individuals to be enrolled: _____

(This information should be provided for all PACE providers with which the State Administering Agency for PACE and the Secretary have entered into valid program agreements

SEP 07 1999

TN #: 99-04 Approval Date: Effective Date: 1/1/99 Supercedes TN #: N/A